



The University of Texas Health Science Center at San Antonio
WORKERS' COMPENSATION LEAVE OF ABSENCE
 Please submit to Environmental Health & Safety Department

Employee Name	Employee ID#	Date of Injury	Claim # for EH&S Use
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If you sustain an on-the-job injury covered by workers' compensation insurance, the University of Texas System will pay reasonable and necessary medical bills resulting from the injury in accordance with the Texas Workers' Compensation Act and will allow you to remain on the payroll using all paid leave available to you.

If you choose to use paid leave, you must first exhaust sick leave. Once your sick leave has been exhausted, you may then choose to use other paid leave in lieu of receiving temporary income benefits (TIBS). Prior to making an election concerning the use of other paid leave, please be advised that although there is a seven-day waiting period where TIBS are not payable, should disability extend to the 14th day after the first day of disability, the carrier will then issue a TIBS payment for the waiting period. TIBS are never payable as long as you are using paid leave.

LEAVE BALANCES AS OF THE FIRST DAY OF DISABILITY FOR THIS PERIOD _____
Date

SICK LEAVE	VACATION LEAVE	PERSONAL LEAVE	COMPENSATORY TIME
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- 1. I wish to use sick leave to remain on the payroll until such leave is exhausted which is _____.
- 2. I do not wish to use sick leave. Please place me on leave without pay for all time lost. I understand that temporary income benefits (TIBS) will begin following the statutory seven-day waiting period, provided I have not been released to return to work.
- 3. Sick leave has been exhausted. I wish to use other paid leave to remain on the payroll from _____ to _____.
- 4. All accrued leave has been exhausted. I understand that I will be placed on leave without pay as of _____.
- 5. I do not accrue leave and must go off the payroll.

Removal from the payroll **may affect your group insurance coverages**. Contact the Employee Benefits Section of Human Resources at (210) 567-2610 for information.

Employee Signature _____
Date

Department Representative Signature _____
Date

E H & S Representative Signature _____
Date